

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078094

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fullerton Federal

9. WELL NO.

14-14

10. FIELD AND POOL, OR WILDCAT

Basin Fruitland

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

14M T27N R11W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Bonneville Fuels Corporation

3. ADDRESS OF OPERATOR

1600 Broadway, Suite 1110, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1123' FSL, 790' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6256' GR

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Change BOPE system from 3M system to a 2M system and use target tees (high pressure where necessary).

18. I hereby certify that the foregoing is true and correct

SIGNED

Doris Maly

TITLE

Engineering Tech.

DATE

11/6/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

NOV 09 1990

AREA MANAGER

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078094
2. NAME OF OPERATOR Bonneville Fuels Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1600 Broadway, Suite 1110, Denver, CO 80202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1123' FSL, 790' FWL		8. FARM OR LEASE NAME Fullerton Federal
14. PERMIT NO.		9. WELL NO. 14-14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6256' GR		10. FIELD AND POOL, OR WILDCAT Basin Fruitland
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14M T27N R11W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
CHANGE PLANE	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Change of Proposed Casing and Cementing Program.

Casing will be:

Size of Hole: 7 7/8". Casing 5 1/2" 15.50# J-55 8rd.

Cementing will be:

Lead - ± 155 sx 65/35/6 with 2% CaCl₂, 1/4#/sx celloflake + 0.8% fluid loss additive.

Cement properties: 12.7 ppg, yield 1.72 ft³/sx.

Tail - ± 100 sx Class 'B' with 1% CaCl₂ + 0.2% fluid loss additive.

Cement properties: 15.6 ppg, yield 1.17 ft³/sx.

RECEIVED
NOV 2 0 1990
OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED

Doris Maly

TITLE

Engineering Technician

DATE

10-9-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 02 1990

AREA MANAGER
FARMINGTON

*See Instructions on Reverse Side

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